



## Jefferson Avenue Apartments

*A People Inc. Community*

**PO Box 1890; Williamsville, NY 14231**

**Phone:** (716) 880-3890    **Web** [people-inc.org](http://people-inc.org)

**Email:** jeffersonavenueapts@people-inc.org

Re: Jefferson Apartments

Dear Interested Party:

Rental applications are currently being accepted for our newest residential property, Jefferson Apartments located on the corner of Jefferson & N. Hampton & S. Hampton in the City of Buffalo, New York. The complex offers 89 units of quality affordable housing for individuals 18 years of age or older with 16 of the one-bedroom units set aside for individuals diagnosed with developmental disabilities. Priority shall be given to such persons who have served in the armed services of the United States for a period of at least six (6) months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released from the armed forces under conditions other than dishonorable subject to the OPWDD eligibility and referral process.

The rent for the apartments is as follows:

- 1 Bedroom: \$532/632/782/793 (includes water)
- 2 Bedroom: \$620/695/850/919 (includes water)

Tenants will be responsible for their own utilities (gas heat, hot water, electric cooking, lights, & AC) and **must be prepared to put the gas and electric services in their names** as of their scheduled move in date, as well as demonstrate that they have adequate income to afford both the rent and utilities.

The maximum income limits for Jefferson Apartments is based on the median income for Erie County as established by the US Department of Housing & Urban Development (HUD). Household income must not be more than:

<u>Household size</u>	<u>Median income @ 50%</u>	<u>60%</u>	<u>90%</u>	<u>100%</u>
1	26,950	32,280	48,420	53,800
2	30,800	36,900	55,350	61,500
3	34,650	41,520	62,280	69,200
4	38,450	46,140	69,200	76,900

Note: Section 8 Voucher Holders are welcome and will automatically qualify within some income limits.

Thank you for your interest in a rental opportunity with our housing program. We have enclosed an application per your request with a pre-addressed envelope for your convenience. Please complete and sign the application in its entirety and return it to: Jefferson Apartments; P.O. Box 1890; Williamsville, NY 14231.

**Please note: Incomplete lines on the applications will be returned for further information.**

All applications during the initial 30 day open application will be opened by a lottery pull, logged and processed. Should you be interested in observing the lottery process, please call (716) 880-3890 for more information as to the date, time and location of the above referenced lottery.

All applications will be logged and processed in the order of date received and preliminary eligibility is determined by using the information you provide. Applicants will be given an interview appointment when apartments are available or notified in writing if placed on the waiting list. Being granted an interview DOES NOT guarantee an apartment will be offered to you.

Any applicant that is determined to be ineligible will be given the reason for the determination and will have an opportunity to request an appeal within a specified time frame.

Management staff will provide assistance to any applicant requesting assistance in completing their application. Reasonable accommodations will be made for all persons with disabilities or handicaps. If you require assistance in completing your paperwork please contact our office at (716) 880-3890.

**Please note that Jefferson Apartments are smoke-free.**

Sincerely,

Jefferson Apartments  
Housing Staff



<b>For office use only:</b> Date Received: _____ Time Received: _____ Witnessed by: _____ Special Feature requested: Wheelchair / Hearing / Vision	Referred by: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyer <input type="checkbox"/> TV/Radio <input type="checkbox"/> Other: _____
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**Jefferson Avenue Apartments**

I am interested in the following bedroom size (check one):       **One (1)**     **Two (2)** *Note: Must be 2 people*

**Household Composition:**

HH Member	Last Name; First Name; Middle Initial	Relationship to Head of household	Date of Birth	Full-Time Student Y or N	Social Security Number
1.		HEAD			
2.					
3.					
4.					

Current Address: (PO Box not accepted) \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Alternate Contact phone: \_\_\_\_\_

**Please answer all questions:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you have a <b>diagnosed developmental disability</b> ?<br><i>Please note this does not include PHYSICAL DISABILITIES.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently receive services from People Inc. and/or other OPWDD provider   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a Special Needs person who has ever served in the <b>Military</b> ?<br>If yes, time served _____<br>Discharge date & status at end of service: _____           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you expect any additions to the household within the next twelve months?<br>If yes, Name & Relationship: _____<br>Explanation: _____                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you require a unit with <b>special features</b> due to a disability?<br><b>If yes, circle appropriate answer:</b><br>Wheelchair / Vision-impaired/ Hearing-Impaired | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you or anyone in your family require a <b>Live-in Attendant</b> ?<br>Name of Live-in attendant: _____<br>Address: _____ Social Security #: _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have full custody of all children listed on this application?<br>If no, please explain custody arrangements: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

8. Have you or anyone else named on this application been convicted of the following:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| ▪ Felony within the past 10 years<br>If yes, you will be given a copy of "Know your Rights". | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Selling or Manufacturing illegal drugs   | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Any Sex related crime  | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Subject to Lifetime Sex Offender Registration  | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, list all states you have lived in: \_\_\_\_\_  
 .....

**RENTAL ASSISTANCE:**

Will your household be receiving **Rental assistance** at the time of move in?  Yes  No  
 Agency providing voucher: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**List All Income: (ANNUAL)**

*\*Note: Other income can include, but is not limited to: Child Support/alimony; Workman's comp; Disability benefits; Self-employment; Rental income; Regular contributions from family; Inheritances; etc.*

Household Member #	Employment / Unemployment	Social Security	Pensions	Public Assistance	Other* (Note Source)
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**ASSETS:** *Can include but not limited to:*  
 Checking; Savings; Money CD's, IRA's, Stocks, Bonds, Real Estate or Burial accounts  
 Mkt

Household Member #	*Type of Asset	Current Cash Value	Income from Asset	Source	Account #
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

**Note: Include all assets including Debit Cards and/or Cash on Hand.**

Any asset disposed of in the past two (2) years:  Yes  No If yes, amount: \_\_\_\_\_  
 Please explain: \_\_\_\_\_

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | <b>Yes</b>               | <b>No</b>                |
| 1. Do you or any other household member expect changes to your income in the next 12 months? If yes, please explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or is any other adult member of your household claiming ZERO Income? If yes, member name: _____                 | <input type="checkbox"/> | <input type="checkbox"/> |

**Student Information:**

Is anyone in your household (including minors) is currently a full or part time student or planning to be one in the next 12 months?

Yes  No

If yes, please list whom and indicate name of school:

Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_

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Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_

Name: \_\_\_\_\_ Status: Full \_\_\_\_\_ or Part \_\_\_\_\_ time Name of school: \_\_\_\_\_

If all household members are students, please answer the following:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you a single parent with child (ren) and neither you nor the child (ren) are dependents on anyone else's tax return?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you married and eligible to file a joint federal return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you receiving TANF or Forster Care Assistance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were you formerly in a foster care program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you enrolled in a federal Job Training program or another similar local, county, or state program? If yes, contact name: _____ phone: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever used a different social security number?<br>If yes, please note it here: _____  | <input type="checkbox"/> | <input type="checkbox"/> |

**Vehicle:**

List any cars, trucks, or other vehicle owned. Parking will be provided for one vehicle.

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
Color: \_\_\_\_\_ Registration expiration date: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Year/Make: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
Color: \_\_\_\_\_ Registration expiration date: \_\_\_\_\_

**Pet Information:**

Do you own any pets?  Yes  No

If yes, please describe type & weight: \_\_\_\_\_

***There will be a \$50.00 pet deposit & inoculation paperwork due at move in.***

All eligibility information will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to process your application and verify your eligibility at the time of your Initial Interview when scheduled.

This will include names, addresses, and phone and/or fax numbers, account numbers where applicable and any other information required. Failure or inability to provide documentation as requested will result in your application be denied.

All qualified applicants will be afforded equal opportunities without discrimination because of race, color, religion, familial status, creed, national origin, sex, age, disability or marital status.

## Tenant Demographic Profile *(Information for Government Fair Housing Practices Only)*

Please enter applicable code for Race & Ethnicity; Disability is Yes or No

HH Member	Race	Ethnicity	Disabled Y or N	Race Code		Ethnicity Code	
1				1	White	1	Hispanic/Latino
2				2	Black/African-American		
3				3	American Indian/Alaska Native	2	Non-Hispanic / Or Latino
4				4	Asian		
				5	Native Hawaiian/Pacific Islander		
				6	Other		

### Signature Clauses

I understand that People Inc. is relying on the information I provided to prove my household's eligibility for the Low Income Housing Tax Credit Program. I certify that all the information and answers to the above questions are true & complete to the best of my knowledge. **I consent to release the necessary information to determine my eligibility and that providing false information or making false statements may be grounds for denial of my application.** I also understand that such action may result in criminal penalties.

I authorize my consent to have People Inc. verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable as well as any other information required for expediting this process. I authorize People Inc. to obtain a credit bureau report, criminal background report and I understand that occupancy is contingent on meeting People Inc.'s Tenant Selection criteria for this program.

\_\_\_\_\_  
**Signature Head of Household**                      Name printed                      Date

Driver's License (or non-driver's license) ID # \_\_\_\_\_ State: \_\_\_\_\_

**Note: Any Co-Applicant 18 years of age or older, must sign below:**

\_\_\_\_\_  
**Signature Co-applicant #2**                      Name printed                      Date

Driver's License (or non-driver's license) ID # \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
**Signature Co-Applicant #3**                      Name printed                      Date

Driver's License (or non-driver's license) ID # \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
**Signature Co-applicant #3**                      Name printed                      Date

Driver's License (or non-driver's license) ID # \_\_\_\_\_ State: \_\_\_\_\_

